## Parent information

### Queensland Clinical Guidelines

# Term prelabour rupture of membranes (PROM)

This information sheet aims to answer some commonly asked questions about ruptured membranes at term gestation. Informed consent and woman centred care are integral to health care in Queensland. Decisions about your baby's care are always up to you.

**IMPORTANT:** This is general information only. Ask your doctor, midwife or nurse about your own situation.

#### What is **PROM**?

While you are pregnant, your baby grows in your uterus inside a sac (amniotic sac or membrane) that is filled with fluid (amniotic fluid).

When your waters break, it is this fluid that leaks out. This is known as rupture of membranes. It usually happens in labour but may occur before labour starts.

If you are not in labour and you are more than 37 weeks pregnant when this happens, it is called term prelabour rupture of membranes or PROM for short. It happens in about 8 out of every 100 pregnancies .

### How do you know your membranes have ruptured?

You may notice fluid leaking or a large gush from your vagina. It may be a lot of fluid or not very much. Your underwear may be damp or wet and you may need to change them and/or wear a pad.

Usually, amniotic fluid smells a bit sweet and is clear or pink. Sometimes, it can be a green or brown colour. It is different to urine which usually has a stronger smell and is a more yellow colour.

There are tests your healthcare provider can do to find out if your membranes have ruptured.

# What can you do if your membranes rupture?

If you think your membranes might have ruptured, contact your healthcare provider straight away. They will advise you what to do. You will usually be asked to go to hospital for a check-up.

Your baby's heartbeat will be listened to, and you will be assessed for signs of labour and infection. A vaginal examination with a speculum is usually recommended to confirm your membranes have ruptured. Your healthcare provider will discuss this with you.

#### What about infection?

Before birth, the membrane sac helps protect your baby from infection. If everything is okay with you and your baby, it is safe to wait and see if you go into labour naturally. Most women with PROM will go into labour within 24 to 48 hours.

If your labour has not started 24 hours after PROM, there is a greater risk of you or your baby getting an infection. Your healthcare provider will discuss your options with you.

### Will you need antibiotics?

When your membranes rupture, you don't need antibiotics 'just in case'.

Antibiotics are recommended:

- if you get an infection before or during labour
- once you are in labour, if your membranes have been ruptured for 18 hours or more

This helps to prevent your baby from getting a serious infection called early onset Group B *Streptococcus* (GBS) disease (you may like to read the <u>parent</u> <u>information about GBS</u>)



QR code for GBS information





#### What is a cord prolapse?

There is risk of a cord prolapse when PROM occurs. A cord prolapse is when the umbilical cord falls through your cervix in front of your baby. It can be a life-threatening emergency for your baby. Babies can die when this happens.

If you see or feel anything in your vagina after your membranes break, call for help immediately. If you are at home, call an ambulance (phone: 000).

Kneel down on your forearms and knees with your chest towards the ground and your bottom up in the air (like the picture below). This can help prevent the cord from being squashed. Do not touch the cord or try to put it back into your vagina.

Fortunately, cord prolapse is not very common. It happens to between 1 and 6 of every 1000 babies born. It is more common if your baby is small or preterm or is coming bottom first (breech position)



Image: Knee chest position if cord prolapse

#### What happens after PROM?

If your membranes rupture before labour, there are two options. You can decide to have your labour induced (active management), or you can wait and see if your labour starts by itself (expectant management).

If you were planning an elective caesarean section, you may need to have it sooner than originally planned.

Talk with your healthcare provider about these options. Sometimes there are reasons why active management or 'waiting and seeing' (expectant management) may be better for you and your baby. What is right for one woman may not be right for another.

### What happens if you choose expectant management?

If you decide to 'wait and see' if labour starts by itself, you may be able to go home. You will be asked to return to hospital for regular check-ups. You will also be asked to watch for signs of infection. Contact your healthcare provider if:

- your temperature is 37.5 °C or more
- your vaginal loss changes colour or begins to smell
- you notice any changes to your baby's movements (such as moving more or less frequently)
- you feel unwell or have flu like symptoms
- your heartbeat is faster than 100 beats in one minute
- you have pain or your abdomen feels tender
- you just don't feel 'quite right'
- you go into labour (start having contractions)

#### Look after yourself

- change your pad regularly when it is damp
- a shower or bath is ok and does not increase your risk of infection
- do not have vaginal sex after your membranes rupture as this can increase your chance of getting an infection

#### **Support & information**

Queensland Clinical Guidelines Parent information <u>www.health.qld.gov.au/qcg</u> 13HEALTH (13 432584) telephone service providing health information, referral and services to the public. <u>www.qld.gov.au/health/contacts/advice/13health</u> Pregnancy, Birth & Baby Helpline (1800 882 436) offers free, confidential, professional information and counsel-

ling about conception, pregnancy, birthing and postnatal care. <u>www.health.gov.au/pregnancyhelpline</u> **Preterm Infant's Parent Association (PIPA)** (1300 773 672) <u>www.pipa.org.au</u>

Australian Breastfeeding Association (1800 686 268) Community based self-help group offers information, counselling, and support services, on breastfeeding issues <u>www.breastfeeding.asn.au</u>

